

INDIANA DEPARTMENT OF TRANSPORTATION, LAND ACQUISITION DIVISION, RELOCATION SECTION

APPEAL FORM

PROJECT _____

PARCEL _____ CODE _____

Mail to:

Relocation Section
Indiana Department of Transportation
100 North Senate Avenue
Indianapolis, IN 46241

Dear Relocation Manager:

This is to inform you that I am dissatisfied with the determination made by the Relocation Section. I am requesting an appeal hearing regarding

() my eligibility for a _____ payment.

() the amount of the _____ payment.

I base my appeal on the following reasons and documentation (Please attach any supplemental information and documentation you wish to include.):

I understand that I will be given a full opportunity to be heard, that a decision will be reached promptly on the basis of evidence submitted, and that I will be notified of the decision.

Date _____ Name _____

My phone number is _____ Address _____

City _____